

MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

April 29, 2010

MEMORANDUM

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL
FROM: MARTA STAGLIANO, CHIEF, COMPLIANCE
SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 1200 – PHARMACY SERVICES

M. Stagliano

BACKGROUND AND EXPLANATIONS

The 26th Special Session revised provisions of Nevada Revised Statute 422, Senate Bill 4, governing the list of preferred prescription drugs to be used in the Nevada Medicaid program. The new regulation allows for particular drug classes to be added to the preferred drug list, implement grandfathering procedures for particular drugs, and modify the Preferred Drug List Exception criteria. Changes are effective April 30, 2010.

MATERIAL TRANSMITTED

MTL 16/10

CHAPTER 1200 – PHARMACY
SERVICES

MATERIAL SUPERSEDED

MTL 02/07

CHAPTER 1200 – PHARMACY
SERVICES

Sec. 1203.1A.1.C.6

Added “6. Due to the 76th Special Session and in accordance with Senate Bill (SB) 4, every therapeutic prescription drug that is classified as an anticonvulsant medication or antidiabetic medication that was covered by the Medicaid program on June 30, 2010 must be included on the Preferred Drug List as a preferred drug. If a therapeutic prescription drug that is included on the list of preferred prescription drugs is prescribed for a clinical indication other than the indication for which it was approved as of June 30, 2010, the Committee shall review the new clinical indication for that drug in accordance with 1203.1A(1)(c)(1).”

Sec. 1203.1A.1.c.7

Added “7. Due to the 76th Special Session and in accordance with SB 4, the P&T Committee must prefer atypical and typical antipsychotic medications that are prescribed for the treatment of a mental illness, anticonvulsant medications and antidiabetic medications for a patient who is receiving services pursuant to Medicaid if the patient:”

Sec. 1203.1A.1.c.7.a

Added “a. Was prescribed the prescription drug on or before June 30, 2010, and takes the prescription drug continuously, as prescribed, on and after that date, and”

Sec. 1203.1A.1.c.7.b

Added “b. Maintains continuous eligibility for Medicaid.”

Appendix A Sec. 1.T.1.g

Added “g. For atypical or typical antipsychotic, anticonvulsant, and antidiabetic medications the recipient demonstrated therapeutic failure on one preferred agent.”